Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |   |              |                    |                                    |                  |     | SMALL ENTITY TYPE  OR |                        |    | OTHER THAN<br>SMALL ENTITY |                        |
|--|--|---|--------------|--------------------|------------------------------------|------------------|-----|-----------------------|------------------------|----|----------------------------|------------------------|
| TOTAL CLAIMS   |  |   | 12           |                    |                                    |                  | Γ   | RATE                  | FEE                    |    | RATE                       | FEE                    |
| FOR  |  |   | NUMBER FILED |                    | NUMBER EXTRA                       |                  | E   | BASIC FEE             | 370.00                 | OR | BASIC FEE                  | 740.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | اک minus 20= |                    | *                                  |                  |     | X\$ 9=                |                        | OR | X\$18=                     |                        |
| INDEPENDENT CLAIMS   |  |   | ڪ min        | us 3 =             | *                                  |                  |     | X42=                  |                        | OR | X84=                       |                        |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PF                             | RESENT       |                    |                                    |                  |     | +140=                 |                        | OR | +280=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |              |                    |                                    |                  | L   | TOTAL                 |                        | OR | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |  |   |              |                    |                                    |                  |     | SMALL E               | ENTITY                 | OR | OTHER<br>SMALL             |                        |
| ENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUN<br>PREV        | HEST<br>MBER<br>IOUSLY<br>D FOR    | PRESENT<br>EXTRA |     | RATE                  | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
| MON  | Total  | *   | Minus        | **                 |                                    | =                |     | X\$ 9=                | 13/                    | OR | X\$18=                     |                        |
| AMENDMENT  | Independent                                    | *   | Minus        | ***                | IT OL A11                          | =                |     | X42=                  |                        | OR | X84=                       |                        |
| Ш  | FIRST PRESE                                    | NTATION OF MU                             | JUTIPLE DEP  | ENDEN              | II CLAIV                           |                  | ' [ | +140=                 |                        | OR | +280=                      |                        |
|  |  |   |              |                    |                                    |                  |     | TOTAL<br>ADDIT. FEE   |                        | OR | TOTAL<br>ADDIT. FEE        |                        |
|  |  | (Column 1)                                |              | (Colu              | umn 2)                             | (Column 3)       |     | 10011. ( EE )         |                        |    |                            |                        |
| ENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIG<br>NUI<br>PREV | HEST<br>MBER<br>NOUSLY<br>D FOR    | PRESENT<br>EXTRA |     | RATE                  | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
| IDME   | Total  | *   | Minus        | **                 |                                    | =                |     | X\$ 9=                |                        | OR | X\$18=                     |                        |
| AMENDMENT  | Independent                                    | *   | Minus        | ***                |                                    | =                | ] [ | X42=                  |                        | OR | X84=                       |                        |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                    |                                    | <u>'</u>         | J   | +140=                 |                        | OR | +280=                      |                        |
|  |  |   |              |                    |                                    |                  |     | TOTAL<br>ADDIT. FEE   |                        | OR | TOTAL<br>ADDIT. FEE        |                        |
|  |  | (Column 1)                                |              | (Col               | umn 2)                             | (Column 3)       |     |                       |                        |    |                            | <u> </u>               |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIC<br>NU<br>PRE\  | HEST<br>IMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA |     | RATE                  | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
| DME  | Total  | *   | Minus        | **                 | * ***                              | =                |     | X\$ 9=                |                        | OR | X\$18=                     |                        |
| ME   | Independent                                    | *   | Minus        | ***                |                                    |                  | 4   | X42=                  |                        | OR | X84=                       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                    |                                    |                  | ┛┃  | +140=                 |                        | OR |                            |                        |
|  |  |   |              |                    |                                    |                  |     |                       |                        |    | ADDIT: I L                 |                        |